

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 02 / 14 / 2014</div>	

Full Name of Payee Strategic Partners & Media, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2014		
Mailing Address PO Box 480			Amount 80000.00 Transaction ID : E1E599DF1097C47208F3 Date of Disbursement or Obligation MM / DD / YYYY		
City Arnold	State MD	Zip Code 21012-0480			
Purpose of Expenditure Online video production costs & Ad buy		Category/ Type	Name of Federal Candidate Rep. Pete A. Sessions <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Name of Federal Candidate Rep. Pete A. Sessions					
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">211314.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Majority Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2014		
Mailing Address 135 Professional Dr Ste 104			Amount 81394.00 Transaction ID : E3180DFA9279E471AAC2 Date of Disbursement or Obligation MM / DD / YYYY		
City Ponte Vedra Beach	State FL	Zip Code 32082-6277			
Purpose of Expenditure Direct Mail Costs		Category/ Type	Name of Federal Candidate Rep. Pete A. Sessions <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Name of Federal Candidate Rep. Pete A. Sessions					
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">211314.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	161394.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

 MM / DD / YYYY
 02 / 19 / 2014

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F24A

Transaction ID :

02/19/2014: Please be advised we are amending this 48 hr report filed on 2/14/2014 to reflect the correct name of the treasurer.

Form/Schedule:

Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 3 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 02 / 14 / 2014</div> </div>	

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination	
Mailing Address 430 N Michigan Ave		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 02 / 14 / 2014</div> </div>	
City Chicago	State IL	Zip Code 60611-4011	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div>
Purpose of Expenditure Consulting Services		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	Transaction ID : E557356364039479AB07 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">211314.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Public Opinion Strategies, LLC		Date of Public Distribution/Dissemination	
Mailing Address 214 N Fayette St		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 02 / 14 / 2014</div> </div>	
City Alexandria	State VA	Zip Code 22314-2433	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19000.00</div>
Purpose of Expenditure Polling Expenses		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	Transaction ID : EE5FA1DBADD22442BBB Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">211314.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19400.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">180794.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

Signature

MM / DD / YYYY
02 / 19 / 2014